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FAX COVER SHEET

From: Neil R. Jetter

Date: August 17, 2006

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Fax Number: (571) 273-8300

Examiner: Parries, Dru M.
Serial No.: 10/677,596
Inventors: EISENSTADT
Docket No.: 5853-268

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Comments/Special Instructions

Enclosures:

- * Transmittal Form (1 page)
- * Fee Transmittal Form (1 page)
- * Three Month Extension of Time (1 page)
- * Reply to Office Action (20 pages)
- * This Fax Cover Sheet (1 page)

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Client/Matter No: 24833/110345Equitrac ID: 8543/NRJ

{WP327367;1}

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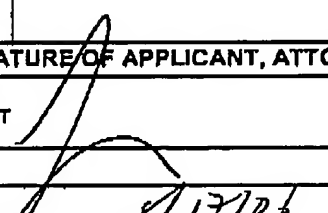
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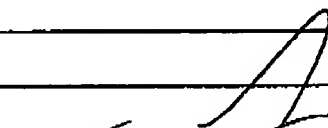
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/677,586
	Filing Date	October 2, 2003
	First Named Inventor	EISENSTADT
	Art Unit	2836
	Examiner Name	Parnes, Dru M.
Total Number of Pages in This Submission	Attorney Docket Number	5853-288

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks The Director is authorized to charge any fee deficiencies to Deposit Account No. 50-0951.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or individual name	Neil R. Jetter AKERMAN SENTERFITT	
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Date	8/17/06	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 510.00)

Complete if Known

Application Number	10/677,595
Filing Date	October 2, 2003
First Named Inventor	EISENSTADT
Examiner Name	Parnes, Dru M.
Art Unit	2836
Attorney Docket No.	5853-268

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 60-0951 Deposit Account Name: AKERMAN SENTERFITT

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Fee for Petition for Three-Month Extension of Time (\$510.00)

\$510.00

SUBMITTED BY

Signature

Registration No. 46,803
(Attorney/Agent)

Telephone 561-653-5000

Name (Print/Type) Neil R. Jeter

Date 8/17/06

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